CCL.035 Rev. 2/2010 **Kansas Department of Health and Environment**

Child Care Licensing and Registration Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274 Phone (785) 296-1270 Fax (785) 296-0803 Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS **GROUP OF CHILDREN TO ONE LOCATION**

Name of the facility exactly as stated or	cense or certificate			License/Certificate #	
Street Address of the Facility		City	Zip Cod + 4	e	County
Children or Youth listed below may go	on an o	off-premise trip to:			
_ocated at:Street		City			County
on (MM/DD/YYYY)		City			County
ime of Departure:		Estimated Time o	f Return:		
Children or Youth will be traveling by:		Car	Wa	lking	
Children or Youth will be supervised at	all time	es by the following staff:			
Staff Name		Staff Name _			
First Staff Name	Last	Staff Name _	First		Last
First	Last		First		Last
FIRST AND LAST NAME OF CHILD OR YOUTH		PARENT/GUARDIAN SI PERMISSION (Include F			